## Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	09/26/2013	Address:	1201 E 29 <sup>th</sup> Street, Room 20
Incident #:	13ISPC009733		Muncie, IN
<b>County</b> :	Delaware		
Type of Laboratory Seizure (check one) Seizure Location (check all that apply)			
☐ Operational Lab ☐ Chemical/Glassware/Equipment (only) ☐ Dumpsite (only)		Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other: Motel
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply)  One Pot or Birch Reaction(s):			
Red Phosphorous/Iodine Reaction(s):			
Hydrochloric Acid Gas Generator(s):			
☐ Flammable Solvents: <u>Living Area</u>			
Water Reactive Metal (Lithium): <u>Living Area</u>			
Anhydrous Ammonia:			
Corrosive Acid: <u>Living Area</u>			
Corrosive Base: <u>Living Area</u>			
Other (item and location):			
Vehicle Information:			
Owner: VIN: Year:		Make: Model:	
☐ Yes ☐ No	age 18 discovered (check appropriate) (number present) not present but evidence they reside	unclean Estimated ler occurring: 2 o	tions of home:  clean  disarray disarra
This report l	has been faxed* or emailed to the fol	llowing agencies tha	at serve the location:
Health Depar	nent City, Township or County Munciertment County: Delaware of Child Services Hotline: dcshotlinere	Fax: Email	
	ormation regarding this methamphetan Officer: Nate Raney Phone	_	act

\*This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.